SAN BERNARDINO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
PSYCHOLOGY INTERNSHIP PROGRAM
SUPPLEMENTAL APPLICATION 2009-2010

(This supplemental application is available in MS-Word, on disk or by e-mail. The submitted application must be a printed copy. The APPIC application is available from your graduate school or on the internet at http://www.appic.org.)
(The underlines indicate where your answers are to go in the items below. The underlines may be erased as you fill in your answers if you use a word processor. Feel free to complete the first two pages by hand. We regret the duplication of some data from the APPIC form, but it is essential for our processing of large numbers of applications.)

NAME_____ GRAD. SCHOOL_____
CURRENT HIGHEST DEGREE IN PSYCHOLOGY_____
ROTATION PREFERENCES Choose two six-month rotations from those listed as available in the program brochure, and list them in order of preference. (At least one of them must be a general outpatient rotation.)
(1)   (2)
Other special interests that you have in particular programs or specific populations here:

_____I am applying for one of the six full-time positions planned for 09-10.
_____ Are you a U.S. citizen?
          If not--do you have a work permit valid through the end of the internship?_____
                    do you have a currently valid passport?_____
                    do you have a valid I-20 from the INS?_____

_____ Degree you will receive (Ph.D., Psy.D., Ed.D., etc.)
_____ The department issuing your doctoral degree (psychology, education, etc.)
_____ Your area of concentration for your degree (clinical, counseling, etc.)
_____ Is your program APA-accredited?
_____ If not, is your program regionally-accredited?
_____ Are you available for the start (July 1) through the end (June 30) of our internship year?

_____ Number of times you have administered, scored, and interpreted the full intelligence test (e.g., WAIS-3) that you have used the most   (name of test_____)
_____ Number of times you have administered, scored, and interpreted the major objective test (MMPI2, MCMI3, 16PF, etc.) that you have used the most   (name of test_____)
_____ Number of times you have administered, scored, and interpreted the major projective test that you have used the most   (name of test_____)
_____ No. of testing reports you have written integrating data from 4 or more tests (min. 4 required)
_____ Number of intake interviews, initial assessments, client histories, or other mental health evaluation interviews you have done, at the conclusion of which you made a DSM-4-TR diagnosis of the client   (minimum 5 required)
_____ Number of courses you have taken in psychotherapy, counseling, and other treatment methods (minimum 3 required)
_____ Estimated total number of supervised therapy hours (with clients) that you will have done by 6-30-09
_____ TOTAL PRACTICUM HOURS AS OF NOVEMBER 1, 2008 (from APPI 2007-2008 (or most current version), Section 3, #4, GRAND TOTAL, Doctoral through Nov. 1 plus Masters)
_____ TOTAL PRACTICUM HOURS AS OF JUNE 30, 2009 (use APPI 2007-2008 (or most current version), Section 3, #4, GRAND TOTAL, Doctoral through Nov. 1 plus Masters plus Est. after Nov. 1) (minimum 1000 required)
_____ Total hours of internship you wish to accrue in our program (must be at least 1900)
_____ Have you taken a course that devoted over half of the course time to brief treatment methods?
_____ Have you had treatment experience with both adults and children?
_____ Can you perform treatment in Spanish, Vietnamese, Tagalog, Chinese, Japanese, Thai, or sign language?
_____ What is your expected doctoral graduation date?

_____ Have you received two or more grades of C or below in graduate-level psychology courses? If so, explain_____
_____
_____
_____

_____ Total number of hours you will have completed in graduate psychology courses by 6-30-09.
Are these semester hours or quarter hours?_____
List courses in psychological testing and give number of units for each.

(For the next three questions, survey courses and test and measurements courses do not count.)
Title of course you have taken that trained you to administer and interpret intelligence tests
_____
_____
Title of course you have taken that trained you to administer and interpret objective tests (MMPI2, MCMI3, etc.)
_____
Title of course you have taken that trained you to administer and interpret projective tests
_____
_____
List courses in psychotherapy and give number of units for each.   (minimum 3 required)
Are these semester hours or quarter hours?_____

What are some of your personal weaknesses, hang-ups, and countertransference issues that have affected your work with clients? Describe where you stand with these issues currently. (In this program, we are looking for and appreciate your self-awareness and candidness.)

Please attach a one-page personality description of yourself, including notable traits and major dynamics and conflicts, using clinical constructs and terminology as appropriate. We are interested in your ability to view yourself objectively and to recognize all aspects of yourself using what you have learned in your training. (Do not submit an autobiographical statement describing your life history or background, as in the APPIC application.)
You may wish to inform those sending reference letters that we are especially interested in their observations regarding your insight into yourself and your interest in dealing with countertransference and relational process issues.
Please send by our application deadline Nov. 14, 2008--
_____ APPIC application (including the practicum section, the ethics attestation, and the school
        verification of readiness form) (printed; no e-mail submissions)
_____ this DBH supplemental application (printed; no e-mail submissions)
_____ transcripts (graduate work in psychology only)
_____ vita
_____ two letters of reference from those who know your clinical work
_____ your personality self-description (staple to DBH application)

You are encouraged to e-mail or call with questions. Send materials to:
Lawrence Havert, Ph.D.
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850 E. Foothill Blvd. (E134)
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FAX 909-873-4466
e-mail lhavert@dbh.sbcounty.gov

Signature_____ Date_____

Rev : 7/08 D86\app